Dually Eligible Beneficiary Cost Sharing

Clinic users accessing services through the section 223 Demonstration Programs to Improve Community Behavioral Health Services may qualify for help from Medicaid to pay some Medicare costs or for additional Medicaid benefits, depending on income and resources. Here is information about the various types of beneficiaries dually eligible under the Medicare and Medicaid programs and assistance made available by states to each population. Highlighted in this document are the types of dually eligible beneficiaries for whom the state must pay up to the CCBHC PPS rate.

Medicaid is required to pay up to the CCBHC PPS rate for these types of dually eligible beneficiaries:

- Qualified Medicare Beneficiary Only (QMB; sometimes referred to as QMB Only). A QMB is an individual who is entitled to Medicare Part A, has income that does not exceed 100 percent of the Federal Poverty Level (FPL), and whose resources do not exceed three times the Supplemental Security Income (SSI) limit.
- Qualified Medicare Beneficiary Plus (QMB Plus). Like a QMB, a QMB Plus is an individual who is entitled to Medicare Part A, has income that does not exceed 100 percent of the FPL, and whose resources do not exceed three times the SSI limit. A QMB Plus also qualifies for full Medicaid benefits, often by meeting the Medically Needy standards, or through spending down excess income to the Medically Needy Level.
- Specified Low-Income Medicare Beneficiary Plus (SLMB Plus). Like a SLMB Only, a SLMB Plus is an individual who is entitled to Medicare Part A, has income between 100 and 120 percent of the FPL, and whose resources do not exceed three times the SSI limit. A SLMB Plus also qualifies for full Medicaid benefits, often by meeting the Medically Needy standards, or through spending down excess income to the Medically Needy Level.
- Full Benefit Dual Eligibles (FBDE). An individual who is eligible for Medicaid either categorically or through optional coverage groups such as the medically needy or special income levels for institutionalized or home and community-based waivers, but who does not meet the income or resource criteria for a QMB or SLMB (see below).

Medicaid is **not required** to pay up to the CCBHC PPS rate for these three types of dually eligible beneficiaries: Qualifying Individuals (QI), Specified Low-Income Medicare Beneficiaries (SLMB), and Qualified Disabled and Working Individuals (QDWI). Medicaid only cost shares for Medicare Part B premiums for the QIs and SLMBs and for Medicare Part A premiums for QDWIs.

- Specified Low-Income Medicare Beneficiary (SLMB; sometimes referred to as SLMB Only). A SLMB is an individual who is entitled to Medicare Part A, has income between 100 and 120 percent of the FPL, and whose resources do not exceed three times the SSI limit.
- Qualifying Individual (QI). A QI is an individual who is entitled to Medicare Part A, has income between 120 and 135 percent of the FPL, and whose resources do not exceed three times the SSI limit.
- Qualified Disabled and Working Individuals (QDWI). A QDWI is an individual who lost Medicare Part A benefits because they returned to work, but who is eligible to enroll in and purchase Medicare Part A. The individual's income may not exceed 200 percent of the FPL and resources may not exceed three times the SSI limit.

Dually Eligible Beneficiary Cost Sharing at a Glance

Category	Medicare Part A Premiums	Medicare Part B Premiums	Medicare Cost Sharing (Except Part D)		Other Medicaid Benefits
			Part A	Part B	201101110
QMB Only	X	X	X	Х	
QMB Plus	Х	Х	X	X	Х
SLMB Plus		X		X*	Х
FBDE	X	X	X	X*	X
QI		X			
QDWI	X				
SLMB Only		Х			

X* State Medicaid Agencies may choose to cover Medicare Cost Sharing for all Medicare-covered services (Part A and/or Part B, as indicated above) or only for those services covered in the State Plan for Medicaid beneficiaries who don't have Medicare coverage

The yellow highlighted categories are those dually eligible beneficiaries where Medicaid is required to pay up to the CCBHC PPS rate